COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NUMBER

(Includes Reference to PCT International Applications)

5853-396

As a below named inventor, I hereby declare that:

applications for which priority is claimed:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CAPILLARY RISE TECHNIQUE FOR THE ASSESSMENT

	OF THE WETTABILITY OF PARTICULATE SURFACES				
the specification	on of which (check only one item below):	OIPE			
[] is at	attached hereto.	AUG: 1: 9 2004			
	s filed as U.S. Patent Application Serial Number <u>10/786,991</u> <u>February 25, 2004</u> , as amended on _ (if applicable).	THE TRADEMANTE			
	filed as a PCT international application number on , as amended under PCT Article 19 on(if applicable).				
	e that I have reviewed and understand the contents of the a ncluding the claims, as amended by any amendment referred to a				
_	e the duty to disclose information which is material to the examaccordance with Title 37, Code of Federal Regulations §1.56(a).	nination of this			
i hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the					

PRIOR FOREIGN PATE	NT APPLICATION(S) AND ANY PRIOR	ITY CLAIMED UNDER 35 U.S	.C. §119:
COUNTRY (If PCT Indicate PCT)	APPLICATION NUMBER	DATE OF FILING (Day, Month, Year)	PRIORITY CLAIMED UNDER 35 USC 119
			[]YES []NO
			[]YES []NO
			[]YES []NO
			[] YES [] NO
			[]YES []NO

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· Page 1 of 3

US DEPARTMENT OF COMMERCE Patent and Trademark Office

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I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL	APPLICATIONS DESIGNATING THE U.S.	FOR BENEFIT LINDER 35 H.S.C. 120:
FRIOR 0.3. AFFEIGATIONS ON FOI INTERNATIONAL	AFFEICATIONS DESIGNATING THE U.S.	. FOR BENEFII UNDER 33 U.S.C. 120.

U.S. APPLICATIONS					1	STATUS (Check One)		
U.S. APPLICATION NUMBER U.S			S. FILING DATE	PATENTE	D ABANDONED	PENDING		
60/450,025		2/25/03				X		
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	.	PCT APP	LICATIONS	DESIGNATING	THE U.S.			
PCT APPLICATION NUMBER PCT FILING DATE		FILING DATE	U.S. SERIAL NUMBERS					
30)448 to prosecu	ite this applica	tion and tra	nsact all business	point registered patent prain the U.S. Patent and Tra	demark Offic	ce connected therew	
56	end Correspond Akerman S Post Office West Palm	enterfitt		er 30448	Direct Telephone Ca	.653.5000	ore M. Green	
	FULL NAME OF INVENTOR	FAMILY NAME MOUDGIL			FIRST GIVEN NAME BRIJ		SECOND GIVEN NAME M.	·
)1	RESIDENCE & CITIZENSHIP	CITY GAINESVILL	.E		STATE OR COUNTRY FLORIDA		COUNTRY OF CITIZENSHI JNITED STATES	Р
	POST OFFICE ADDRESS	POST OFFICE A 5326 NW 67	DDRESS TH STREET		CITY GAINESVILLE		STATE & ZIP CODE/COUN FLORIDA 32653-392	
	FULL NAME OF INVENTOR	FAMILY NAME BROWN			FIRST GIVEN NAME SCOTT		SECOND GIVEN NAME C.	
02	RESIDENCE & CITIZENSHIP	CITY GAINESVILL	.E		STATE OR COUNTRY FLORIDA		COUNTRY OF CITIZENSHI	Р
	POST OFFICE ADDRESS	POST OFFICE A 2001 SW 18	DDRESS TH STREET	-	CITY GAINESVILLE		STATE & ZIP CODE/COUN FLORIDA 32608/ US	
	FULL NAME OF INVENTOR	FAMILY NAME OLIVEIRA			FIRST GIVEN NAME ROBERTO		SECOND GIVEN NAME C.	
03	RESIDENCE & CITIZENSHIP	CITY RIO DE JAN	EIRO		STATE OR COUNTRY BRAZIL		COUNTRY OF CITIZENSHI	Р
	POST OFFICE ADDRESS	POST OFFICE A 270 RUA JO		RDOSO, APT. 201	CITY RIO DE JANEIRO		STATE & ZIP CODE/COUN BRAZIL	TRY

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I heroby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are ballieved to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by line or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may lest adding the realization or any patent issuing thereon.

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application or any patent issuing thereon. SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202
100	DATE
7-19-04	07-19-04
SIGNATURE OF INVENTOR 203	
DATE	

COMBINED DECLARATION FOR PATENT APPLICATION AND	ATTORNEY DOCKET HUMBER 5853-308				
I hereby declars that all statements made herein of my own knowledge are true; and that all statements made on information and belief are believed to imprisonment, or built, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any potent issuing thereon.					
SIGNATURE OF BANDATOR SOT	SIGNATURE OF INVENTOR 20	SIGNATURE OF PRIVENTOR 202			
DATE	DATE				
ORGINATURE OF INVENTOR 203					
CATE					
2004-08-12					